Kathleen Connell Controller of California

Annual Report of Unclaimed Personal Property ALL INFORMATION MUST BE TYPED

Unclaimed Property State of California

(List accounts of \$50.00 or more separately — use for Cash-Only Reports or Safe-Deposit-Only Reports)

_Page:of	Branch:	City:			Holder:		
		DATE OF LAST CONTACT	TITLE			LAST NAME	MULTIPLE
		SOC. SEC./TAX I.D. NO.	М.І.			FIRST NAME	OWNERS
		REFERENCE NO.	1	OWNER DATE /		OWNER CODE	NUMBER
		PROPERTY TYPE				BUS. NAME	
		TOTAL AMT. DUE OWNER				ADDRESS	OF
		LAWFUL CHARGES				CITY	
		SAFE DEPOSIT BOX NO.		COUNTRY	ZIP_	STATE	
		LIEN AMOUNT				IN CARE OF	
		DATE OF LAST CONTACT	TITLE			LAST NAME	MULTIPLE
		SOC. SEC./TAX I.D. NO.	M.I.			FIRST NAME	OWNERS
		REFERENCE NO.	1	OWNER DATE /		OWNER CODE	NUMBER
		PROPERTY TYPE				BUS. NAME	
		TOTAL AMT. DUE OWNER				ADDRESS	OF
		LAWFUL CHARGES				CITY	
		SAFE DEPOSIT BOX NO.		COUNTRY	ZIP	STATE	
		LIEN AMOUNT				IN CARE OF	
		DATE OF LAST CONTACT	TITLE			LAST NAME	MULTIPLE
		DATE OF LAST CONTACT SOC. SEC./TAX I.D. NO.	TITLE			LAST NAME	MULTIPLE OWNERS
			М.І.	OWNER DATE /			
		SOC. SEC./TAX I.D. NO.	М.І.	OWNER DATE /		FIRST NAME	OWNERS
		SOC. SEC./TAX I.D. NO. REFERENCE NO. PROPERTY TYPE TOTAL AMT. DUE OWNER	М.І.	OWNER DATE /		FIRST NAME OWNER CODE BUS. NAME ADDRESS	OWNERS
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		SOC. SEC./TAX I.D. NO. REFERENCE NO. PROPERTY TYPE TOTAL AMT. DUE OWNER LAWFUL CHARGES SAFE DEPOSIT BOX NO.	M.I. /	OWNER DATE / COUNTRY	ZIP	FIRST NAME OWNER CODE BUS. NAME ADDRESS CITY STATE	OWNERS NUMBER
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